

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

ADDRESS (number and street)

2350 KERNER BLVD., SUITE 250

Check if different
than previously
reported. (ACC)

SAN RAFAEL

CA

94901

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00384362

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2009

through

10

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jason D. Kaune

Signature of Treasurer

Electronically Filed by Jason D. Kaune

Date

11

19

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 335

Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <div>Y Y Y Y 2009</div>		445690.14
(b) Cash on Hand at Beginning of Reporting Period	690542.06	
(c) Total Receipts (from Line 19)	77433.16	643531.25
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	767975.22	1089221.39
7. Total Disbursements (from Line 31)	75121.00	396367.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	692854.22	692854.22
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	1597.60	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
1	0	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	0	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	68436.36	549652.94
(ii) Unitemized	8968.40	92676.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	77404.76	642329.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	77404.76	642329.59
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	28.40	201.66
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	77433.16	643531.25
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	77433.16	643531.25

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1121.00	4717.17	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1121.00	4717.17	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	54500.00	236500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	19500.00	155150.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	75121.00	396367.17	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	75121.00	396367.17	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	77404.76	642329.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77404.76	642329.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1121.00	4717.17
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1121.00	4717.17

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

FRANK HARVEY

Mailing Address 304 HEARTHSTONE ROAD

City

WILLIAMSBURG

State

VA

Zip Code

23185

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY MEDICAL

Occupation

CHIEF MARKETING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: INC.A.68960

Amount of Each Receipt this Period

1300.00

B.

Full Name (Last, First, Middle Initial)

GERARDO ORTIZ

Mailing Address 14 TROY DRIVE, #B

City

SPRINGFIELD

State

NJ

Zip Code

07081

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIRECTOR, PHARMACY AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: INC.A.68961

Amount of Each Receipt this Period

650.00

C.

Full Name (Last, First, Middle Initial)

DENISE WEISS

Mailing Address 1590 SOUTHWEST PROSPERITY WAY

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY MEDICAL

Occupation

VICE PRESIDENT, QUALITY & TRAINING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: INC.A.68962

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

2600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

ROBIN C. WENTWORTH

Mailing Address 309 WATERVIEW DRIVE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 2 / 2 0 0 9

Transaction ID: INC.A.68959

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70843

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAU

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70327

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

5040.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70567

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70537

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70622

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 9 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70626

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70386

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70691

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70542

Amount of Each Receipt this Period

12.50

B.

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70451

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70607

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

67.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70408

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70789

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70587

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70618

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70477

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS JENNIFER UTTERDYKE

Mailing Address 1881 GREENTREE ROAD

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70448

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70602

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: INC.A.70513

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

DIANA LUM

Mailing Address 64-34 213TH ST.

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIRECTOR, PROPOSALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 0 9

Transaction ID: INC.A.69602

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

BRIAN T GRIFFIN

Mailing Address 8 CEDAR AVENUE

City

ALLENHURST

State

NJ

Zip Code

07711-1034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRESIDENT

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: INC.A.69594

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

JANEL GRIFFIN

Mailing Address 8 CEDAR AVENUE

City

ALLENHURST

State

NJ

Zip Code

07711

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

HOMEMAKER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: INC.A.69595

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

JONATHAN STARR

Mailing Address 373 NORTHWEST DEWBURRY TERRACE

City

JENSEN BEACH

State

FL

Zip Code

34957

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY MEDICAL

Occupation

CHIEF FINANCIAL OFFICER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: INC.A.69596

Amount of Each Receipt this Period

1300.00

SUBTOTAL of Receipts This Page (optional)

11300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
CHRISTOPHER RYAN

Mailing Address 2809 AMELIA DRIVE, #303

City State Zip Code
PALM BEACH GARDENS FL 33410

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY MEDICAL

Occupation
VP, FINANCIAL EVALUATIONS & ANALYSIS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: INC.A.69605

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)
MR THOMAS ABSON

Mailing Address 57 SYCAMORE DRIVE

City State Zip Code
WALDWICK NJ 07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70461

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70450

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70359

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70832

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70447

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL POLICY-GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70446

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70826

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70524

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70785

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

07421

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70621

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70550

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DENNIS AUCH

Mailing Address 1981 E. COVEY VIEW COURT

City

SALT LAKE CITY

State

UT

Zip Code

84106

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70927

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70901

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70831

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70710

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70631

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JANE BARLOW

Mailing Address 3 AVALON COURT

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICAL POLICIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70871

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY ROAD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4236.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70902

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70711

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70768

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70593

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70788

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS FRANCINE BELLOFATTO

Mailing Address 4603 TUDOR DR

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70482

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70950

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70629

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70625

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70641

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70928

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70844

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70767

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70583

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70675

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City State Zip Code
LEVITTOWN NY 11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70770

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MRS HEATHER BONOME

Mailing Address 203 12TH STREET NE

City State Zip Code
WASHINGTON DC 20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70526

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City State Zip Code
BRYN MAWR PA 19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70416

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70328

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP BUS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70948

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70719

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

KAREN BOWE

Mailing Address 1413 LIMERICK COURT

City

HUMMELSTOWN

State

PA

Zip Code

17036

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR NATL CUST RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70909

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR STRAT PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70764

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR KEITH BRADBURY

Mailing Address 122 DERFUSS LN

City

BLAUVELT

State

NY

Zip Code

10913

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR DRUG INFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70389

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

19320

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70702

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70814

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City

BELLEVILLE

State

NJ

Zip Code

07109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT/MEMBER COMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70502

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	9	

Transaction ID: INC.A.70493

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	9	

Transaction ID: INC.A.70382

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	9	

Transaction ID: INC.A.70413

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 140 S GROVE PARK

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70930

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City

HERMITAGE

State

TN

Zip Code

37076

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70923

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City

MARION

State

AR

Zip Code

72364

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR TRC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70922

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70556

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70325

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70654

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

282.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MARKET STRATEGY & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70670

Amount of Each Receipt this Period

52.50

B.

Full Name (Last, First, Middle Initial)

JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70628

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70562

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

102.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

29172

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70365

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70568

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

HWEI-CHUNG CHOU

Mailing Address 36 TANGLEWOOD HOLLOW

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70881

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70538

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS SUSAN COLUCCI

Mailing Address 703 SUCCASUNNA RD.

City

LANDING

State

NJ

Zip Code

07850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70841

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70802

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70400

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY COOLE

Mailing Address 155 ASTON HALL DRIVE

City

EADS

State

TN

Zip Code

38028

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70921

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 19 WILLIAMS LANE

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70857

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS BARBARA COSGRIFF

Mailing Address 2045 MAYFAIR MCLEAN COURT

City

FALLS CHURCH

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PUBLIC POL&EXTRNL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70897

Amount of Each Receipt this Period

195.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70525

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR HART COVEN

Mailing Address 28 OAK LANE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70639

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

437.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70507

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70793

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70574

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

JANET DAGLEY

Mailing Address 721 BROWNLEE DRIVE

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70949

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70686

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70648

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70623

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES RETIREE SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70489

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70504

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARRY DAVIS

Mailing Address 11 WEISS DR

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1246.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70713

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR BUS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70947

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 908 STERLING DRIVE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70671

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KATHLEEN DEFABIIS

Mailing Address 104 HUDSON AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70749

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70594

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70552

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70813

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City State Zip Code
CEDAR GROVE NJ 07009

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70401

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
DENVERVILLE NJ 07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70834

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES DENBY

Mailing Address 78 SHERWOOD ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70505

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

07640

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70778

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City

STAMFORD

State

CT

Zip Code

06905

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70584

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 45 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 4740 BRINKLEY LANE NE

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70367

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City

BEAVER

State

PA

Zip Code

15009

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR REGIONAL OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70907

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70651

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JUDITH DONNELLY

Mailing Address 3 IRONWORKS ROAD

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70746

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MERIDITH DORNER

Mailing Address 8010 ORCHARD VIEW LANE

City

FOGELSVILLE

State

PA

Zip Code

18051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70390

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City

MORRIS TWP

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70791

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City

EAST HAMPTON

State

CT

Zip Code

06424

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70573

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70421

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70454

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

06482

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70425

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MR PETER DURAN

Mailing Address 875 HARRISTOWN RD

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70406

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET
#3 C

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2269.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70565

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City State Zip Code
GERMANTOWN TN 38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR RN PERF MGMT & IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70929

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City State Zip Code
WYCKOFF NJ 07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70412

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
DR EDWARD EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City State Zip Code
UPPER MONTCLAIR NJ 07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70818

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70636

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70821

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70317

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City State Zip Code
PLYMOUTH MN 55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70510

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE
17 C NORTH

City State Zip Code
CLIFFSIDE PARK NJ 07010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70751

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City State Zip Code
LITHIA FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70434

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70945

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP CLIENT SLS AND MGD CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70914

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70494

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4229.06

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70557

Amount of Each Receipt this Period

192.23

B.

Full Name (Last, First, Middle Initial)
MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70314

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City State Zip Code
EMERSON NJ 07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70721

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70672

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

RONALD FIELMANN

Mailing Address 2061 ARLEEN CT

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70915

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70422

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70483

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MEGHAN FITZGERALD

Mailing Address 6 MORGAN AVE

City

NORWALK

State

CT

Zip Code

06851

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70878

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City

NEW BLOOMINGTON

State

OH

Zip Code

43341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70611

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70951

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

HOLLEY FORTH

Mailing Address 115 BAYSIDE COURT

City

RICHMOND

State

CA

Zip Code

94804

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70942

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR
#222

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70687

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70627

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City

CRANSTON

State

RI

Zip Code

02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70445

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

FELIX FRUEH

Mailing Address 14401 FALLING LEAF DRIVE

City

DARNESTOWN

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70879

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City State Zip Code
ST PAUL MN 55104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70926

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70313

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70763

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City

COLUMBUS

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70722

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70604

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70797

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70806

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70312

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)
MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City State Zip Code
ROBBINSVILLE NJ 08691

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70460

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.
SUITE 246

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70866

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City	State	Zip Code
GALLOWAY	OH	43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70387

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City	State	Zip Code
SADDLE RIVER	NJ	07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70755

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

279.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City State Zip Code
MEDINA MN 55340

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES UHG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70318

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)
MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70398

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City State Zip Code
CANTON CT 06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70403

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70474

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LAURIE GREENBERG

Mailing Address 27760 WOODLAND GREEN

City

BOERNE

State

TX

Zip Code

78015

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70876

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70497

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70545

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70392

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS CAROLYN GUGLIELMO

Mailing Address 42 VETERANS PARKWAY

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70689

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70336

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70473

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS VALERIE HAERTEL

Mailing Address 7 PARSLOE COURT

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70851

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70637

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70762

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70379

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70917

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MARK HARTMANN

Mailing Address 8980 KNOBLE COURT

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70512

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70315

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70910

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City

PHOENIX

State

AZ

Zip Code

85029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70417

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS HEKKER

Mailing Address 28 WEST THRID STREET #1332

City

SOUTH ORANGE

State

NJ

Zip Code

07079

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70803

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code
SUCCASUNNA NJ 07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70393

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
MR GLENN HERDLING

Mailing Address 646 JAMES LN

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CREATIVE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70529

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70487

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City

BUTLER

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70508

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DANIEL HLUDZINSKI

Mailing Address 385 WASHINGTON ST

City

TAPPAN

State

NY

Zip Code

10983

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70744

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN HOBSON

Mailing Address 16 LUTH TERRACE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70609

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FACILITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70690

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70503

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70600

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT HOLLIS

Mailing Address 88 MILLS STREET

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70492

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70940

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MR MATTHEW HOLMES

Mailing Address 21979 SHADYBROOK DR

City

NOVI

State

MI

Zip Code

48375

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70563

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70634

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

RITA HOLT

Mailing Address 1558 N PISGAH ROAD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70918

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City

TWINSBURG

State

OH

Zip Code

44087

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70905

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 4 MELISSA COURT

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70845

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City

OKLAHOMA CITY

State

OK

Zip Code

73162

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70925

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City

GALENA

State

OH

Zip Code

43021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70614

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

107.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS KIMBERLY HUMPHRIES

Mailing Address 3726 ST PHILIP

City

BARTLETT

State

TN

Zip Code

38133

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70941

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70320

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70331

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City State Zip Code
MOUNTAIN LAKES NJ 07046

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70370

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS MICHELLE JAEGER

Mailing Address 302 HERMAN TERRACE

City State Zip Code
HOPKINS MN 55343

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70808

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR JASON JAMES

Mailing Address RR 2 BOX 2036

City State Zip Code
CANADENSIS PA 18325

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70324

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70747

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

ROBERT JINKS

Mailing Address 22 PAGE AVE

City

LYNDHURST

State

NJ

Zip Code

07071

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70383

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70548

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City

LAS VEGAS

State

NV

Zip Code

89136

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70486

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70692

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70539

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR STEVEN KARATY

Mailing Address 19 PARK AVE

City State Zip Code
POMPTON PLAINS NJ 07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70343

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City State Zip Code
MENOMONEE FALLS WI 53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70520

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70769

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70430

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70605

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70368

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70723

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEMBER STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70590

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City

EDISON

State

NJ

Zip Code

08820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70800

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS DONNA KLEIN

Mailing Address 1080 FOREST CLIFF DRIVE

City

LAKEWOOD

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70903

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70734

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70782

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP MANAGED CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70931

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City

BOONTON

State

NJ

Zip Code

07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70726

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70399

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City State Zip Code
MAHWAH NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70439

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70345

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70645

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70707

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR DEEPAK KUMAR

Mailing Address 50 MANCHESTER CT

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70585

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE,
APT 2J

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70861

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK LANDY

Mailing Address 18 LADIK PL

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SVC DELIVERY SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70640

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70933

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR EDWARD LAPUSHCHIK

Mailing Address 2 OLD LANE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70795

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 1100 KIMBERLY COURT

City

ROSEVILLE

State

CA

Zip Code

95661

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70592

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH LENZ

Mailing Address 1735 LINKENHOLT COVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PERFORMANCE STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70822

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

EMMA LEVIN

Mailing Address 18 SALEM RD

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70850

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70580

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70543

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70452

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

92.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE
UNIT G

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70748

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City State Zip Code
HO HO KUS NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT & CHANNEL MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70488

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70333

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City

WOODCLIFF LAKE DR

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70656

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70435

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70865

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70516

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH MARSIGLIANO

Mailing Address 11 ECHO HILL ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70867

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70944

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

PRESIDENT - CCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70934

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70468

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70804

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

367.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70694

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70495

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70946

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 94 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City

FAIR LAWN

State

NJ

Zip Code

07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70635

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS ANNE MCGURRIN

Mailing Address 28 ROSEMILT PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR MARKET SEGMENT SOLUTIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70869

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70591

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70741

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MS LAURA MENVILLE

Mailing Address 23 UNION HILL RD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70771

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

07649

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70391

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 96 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City State Zip Code
DERRY PA 15627

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70908

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
DAVID MILLER

Mailing Address 7 CLOVER LANE

City State Zip Code
RANDOLPH NJ 07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70342

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City State Zip Code
DENVER NJ 07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70332

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70757

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70352

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 8620 LAKE RILEY DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70476

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
ROBERT MOLONEY

Mailing Address 24 ABBINGTON TERRACE

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70838

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code
WARRINGTON PA 18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70484

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70321

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70695

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH BUS CLIENT ENROLLMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70709

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70397

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ANDREW NANICK

Mailing Address 220 LAUREL BAY DRIVE

City

MURRELLS INLET

State

SC

Zip Code

29576

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70402

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JANARDHAN NARAYANAN

Mailing Address 32 BLACKSTONE DRIVE

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70877

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City

SUGAR LOAF

State

NY

Zip Code

10981

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70376

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

89.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70740

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS ARLENE NOLAN

Mailing Address 319 BOGERT AVENUE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70437

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70519

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70579

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City

TAMPA

State

FL

Zip Code

33635

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70432

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70724

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

07866

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70355

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70666

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City

NORTH HALEDON

State

NJ

Zip Code

07508

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70676

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70717

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70827

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70551

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70653

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70652

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70646

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City

LIVINGSTON

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70541

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City

MONMOUTH JUNCTION

State

NJ

Zip Code

08852

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70535

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70812

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70608

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70409

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70499

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MERRI PENDERGRASS, MD

Mailing Address 3201 QUEENSBURY WAY WEST

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70888

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70912

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City State Zip Code
LAS VEGAS NV 89147

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70630

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1520 PEMBROKE PASS

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70511

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70462

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70858

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 110 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR LOUIS PICONE

Mailing Address 37 TAMARACK DRIVE

City

SUCCASUNNA

State

NJ

Zip Code

07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70773

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 10297 E. LAKE DR.

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70849

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City

MECHANICSVILLE

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70509

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70335

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70465

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City

DUNNELLON

State

FL

Zip Code

34432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70725

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70617

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70564

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70683

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70765

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST
APT 30N

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70756

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70790

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR REGULATORY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70371

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City

QUAKER CITY

State

OH

Zip Code

43773

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ELIGIBILITY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70731

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70558

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS REINCKENS

Mailing Address 204 TOKENEKE RD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BIAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70481

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70728

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70787

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

NATL ACCT MGR PHARM MANUFACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70913

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70414

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS TRACEY RODGERS-LENGE

Mailing Address 19 FARMINGTON COURT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70344

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70786

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 855 CLUB MOSS CT.

City

MARIETTA

State

GA

Zip Code

30068

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70479

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City

WAVERLY

State

VA

Zip Code

23890

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70864

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70684

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City State Zip Code
JACKSONVILLE FL 32226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70440

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70680

Amount of Each Receipt this Period

193.00

SUBTOTAL of Receipts This Page (optional)

293.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP CLINICAL MGMT & SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70501

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS KATHERYN RUSSI

Mailing Address 5965 VILLAGE CIRCLE

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70385

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70624

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JESSE RUZICKA

Mailing Address 334 MORRIS AVE

City

BOONTON

State

NJ

Zip Code

07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70810

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1723.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70673

Amount of Each Receipt this Period

78.34

C.

Full Name (Last, First, Middle Initial)

MRS CYNTHIA RYDER

Mailing Address 74 CHOCTAW TRAIL

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70353

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

358.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70708

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR RYAN SADLER

Mailing Address 85 VANCE ST. #201

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70872

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ENTERPRISE BUS INTELLIG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70536

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 122 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70419

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS BETH SAVARE

Mailing Address 27 JONES LN

City

BLAIRSTOWN

State

NJ

Zip Code

07825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70677

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70679

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City

SKOKIE

State

IL

Zip Code

60076

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70410

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70887

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55437

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70339

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.Full Name (Last, First, Middle Initial)
MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City	State	Zip Code
MAPLE GROVE	MN	55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70730

Amount of Each Receipt this Period

50.00

B.Full Name (Last, First, Middle Initial)
MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City	State	Zip Code
SALT LAKE CITY	UT	84109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70329

Amount of Each Receipt this Period

50.00

C.Full Name (Last, First, Middle Initial)
MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City	State	Zip Code
WAYNE	NJ	07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	9

Transaction ID: INC.A.70375

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70753

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70588

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT SHANNON

Mailing Address 59 DANNER AVE

City

HARRISON

State

NY

Zip Code

10528

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70685

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70351

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2768.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70429

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70322

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70528

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70443

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70555

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70736

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70601

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70374

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70665

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70527

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70534

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2768.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70705

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70774

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)
MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70811

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

MGR PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70911

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70619

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

BRENDA STAFFORD

Mailing Address 647 BERKELEY AVENUE

City

ORANGE

State

NJ

Zip Code

07050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70889

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70340

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

PETER STARK

Mailing Address 4840 COLE ROAD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MANUF SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70939

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70681

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City

TUCKAHOE

State

NY

Zip Code

10707

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70862

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70739

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70469

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70517

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70758

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70470

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70361

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70819

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS SUZANNE STREDNAK

Mailing Address 157 WATCHUNG DR

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70415

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70405

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MILAYNA SUBAR, MD

Mailing Address 11 RIVERSIDE DRIVE
#8CE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70886

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70737

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

BUSINESS PROCESS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70348

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR FREDERICK SUMNER

Mailing Address 808 HOLLYWOOD AVENUE

City

HO-HO-KUS

State

NJ

Zip Code

07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROJECT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70424

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APT 209

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70433

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70478

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR NICHOLAS TAYLOR

Mailing Address 4241 CHADBOURNE DRIVE

City State Zip Code
UPPER ARLINGTON OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70766

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City State Zip Code
MT ARLINGTON NJ 07856

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70796

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70442

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MELISSA THOMET

Mailing Address 721 HINMAN AVE
#1E

City

EVANSTON

State

IL

Zip Code

60202

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70356

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City

LIVONIA

State

MI

Zip Code

48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70496

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DREW THRAEN

Mailing Address 63 STILES AVE

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70855

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70363

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID TRICE

Mailing Address 150 BRADFORD DR.

City

SCHWENKSVILLE

State

PA

Zip Code

19473

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70316

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2245.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70595

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70745

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY TYLER

Mailing Address 37 KNOLL TERRACE

City

HAZLET

State

NJ

Zip Code

07730

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.94

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70549

Amount of Each Receipt this Period

30.77

SUBTOTAL of Receipts This Page (optional)

120.77

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City

DRAPER

State

UT

Zip Code

84020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70521

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS JENNIFER UTTERDYKE

Mailing Address 1881 GREENTREE ROAD

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70449

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70490

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2476.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70906

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City

MIDLAND PARK

State

NJ

Zip Code

07432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70384

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70586

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70431

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE
UNIT #17

City

BLOOMFIELD

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70427

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70319

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MUNISH VJ

Mailing Address 11 BOULDER TRAIL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70798

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR STEVEN VREELAND

Mailing Address 19 ANNA STREET

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70833

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70643

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70655

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70337

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70801

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

409.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70603

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70366

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70647

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

STACY WATSON

Mailing Address 10180 HERONS NEST COVE WEST

City

LAKELAND

State

TN

Zip Code

38002

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70953

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70575

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70533

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

LOWELL WEINER

Mailing Address 1 BURGESS COURT

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70860

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70459

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70561

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

342.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City State Zip Code
PHOENIX AZ 85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70349

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS TAMARA WHITLEY

Mailing Address 5847 CLENDENIN AVE

City State Zip Code
DALLAS TX 75228

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70330

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER WILSON

Mailing Address 2 TIFFANY ROAD

City State Zip Code
MORRISTOWN NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70530

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City

LYNNWOOD

State

WA

Zip Code

98037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70464

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS BEVERLY WINKLER

Mailing Address 17 LYNWOOD RD

City

VERONA

State

NJ

Zip Code

07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70678

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70738

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70472

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70364

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70794

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70732

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70924

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City

POMPTON LAKES

State

NJ

Zip Code

07442

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70423

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70544

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70633

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONSOLIDATION PLAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70697

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

ANATOLY ZHELEZNYAK

Mailing Address 5 DENISE COURT

City

MANALAPAN

State

NJ

Zip Code

07726

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70780

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70441

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	9

Transaction ID: INC.A.70514

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 0 / 2 0 0 9

Transaction ID: INC.A.70807

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR TIMOTHY TIDD

Mailing Address 989 TRACKERS GLEN AVEUNE

City State Zip Code
HENDERSON NV 89015

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIBERTY MEDICAL

Occupation
VP/GM, PATIENT OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 2 / 2 0 0 9

Transaction ID: INC.A.69607

Amount of Each Receipt this Period

1300.00

C.

Full Name (Last, First, Middle Initial)
MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City State Zip Code
MOUNT LAUREL NJ 08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71494

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

1340.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.70978

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71218

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71188

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71273

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71277

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71037

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71342

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71193

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71102

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

67.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71258

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71059

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71440

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71238

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71269

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 0 9

Transaction ID: INC.A.71128

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS JENNIFER UTTERDYKE

Mailing Address 1881 GREENTREE ROAD

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	9	

Transaction ID: INC.A.71099

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	9	

Transaction ID: INC.A.71253

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	9	

Transaction ID: INC.A.71164

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RICHARD A. GRILLO

Mailing Address 3059 SOUTHWEST WOODLAND TRAIL

City

PALM CITY

State

FL

Zip Code

34990

FEC ID number of contributing
federal political committee.**C**Name of Employer
LIBERTY MEDICAL

Occupation

VICE PRESIDENT, FACILITIES MANAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	1	/	2	0	0	9

Transaction ID: INC.A.69624

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS ABSON

Mailing Address 57 SYCAMORE DRIVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FORMULARY & COVERAGE MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.71112

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS LESLIE ACHTER

Mailing Address 821 ALBEMARLE STREET

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.**C**Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.71101

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR EDWARD ADAMCIK

Mailing Address 1021 SUNSET RIDGE

City

BRIDGEWATER

State

NJ

Zip Code

08807

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71010

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DIANE ADAMS

Mailing Address 34 THOMAS ST.

City

CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71483

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN ADLER

Mailing Address 139 BELLVALE LAKES RD

City

WARWICK

State

NY

Zip Code

10990

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71098

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DR JODY ALLEN

Mailing Address 3031 MOUNT HILL DR

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL POLICY-GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71097

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MARENE ALLISON

Mailing Address 4405 WISMER ROAD

City

DOYLESTOWN

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SECURITY & ASSET PROTECTION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71477

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES ALLOCCO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71175

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 166 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

TEJWANSI ANAND

Mailing Address 10 WHIPPOORWILL LAKE ROAD

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71436

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS JAYME ANTONOPLOS

Mailing Address 48 WITTE ROAD

City

HEWITT

State

NJ

Zip Code

07421

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR EXEC CORR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71272

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID ARCISZEWSKI

Mailing Address 20 CHADWELL PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71201

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DENNIS AUCH

Mailing Address 1981 E. COVEY VIEW COURT

City

SALT LAKE CITY

State

UT

Zip Code

84106

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71579

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS CHARLOTTE BABCOCK

Mailing Address 2636 SHAKER RD

City

CLEVELAND HEIGHTS

State

OH

Zip Code

44118

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71553

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ERIK BAGIN

Mailing Address 73 HIGHLAND AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71482

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS BECKIE BARATKO

Mailing Address 80 N. WOODLAND STREET

City

ENGLEWOOD

State

NJ

Zip Code

07631

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROPOSAL UNIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71361

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS BARATTA

Mailing Address 69 SKYLINE DR

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71282

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

JANE BARLOW

Mailing Address 3 AVALON COURT

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEDICAL POLICIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71522

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL BARONE

Mailing Address 452 MEDWAY ROAD

City

HIGHLAND HEIGHTS

State

OH

Zip Code

44143

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4236.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71554

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BARROW

Mailing Address 7 SOUTHVIEW ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71362

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID BAUGH

Mailing Address 1813 ADONIS AVE

City

HENDERSON

State

NV

Zip Code

89074

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MGR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1220.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71419

Amount of Each Receipt this Period

58.00

SUBTOTAL of Receipts This Page (optional)

275.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER BEGANS

Mailing Address 1605 CHARNITA CT

City

VIENNA

State

VA

Zip Code

22182

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71244

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN BELL

Mailing Address 24 GLENWOOD ROAD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71439

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS FRANCINE BELLOFATTO

Mailing Address 4603 TUDOR DR

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71133

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

JEAN BERGWALL

Mailing Address 2546 HOLLYHOCK COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PRODUCT LINE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71602

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID BERRY

Mailing Address 11 COBBLESTONE LANE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71280

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS EILEEN BIDELE

Mailing Address 71 WASHINGTON CT.

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71276

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR FLOYD BILLINGS

Mailing Address 4273 BROGDAN FARM COURT

City

BUFORD

State

GA

Zip Code

30518

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71292

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

CALVIN BINGHAM

Mailing Address 13702 W. 48TH ST.

City

SHAWNEE

State

KS

Zip Code

66216

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR CLINICAL OPS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71580

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71495

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 173 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SUZANNE BLACKBURN

Mailing Address 4520 LINWOOD LANE

City

DEEPHAVEN

State

MN

Zip Code

55331

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP CLIENT & MKT STRATEGIC DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71418

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JONATHAN BLAUMAN

Mailing Address 50 NEW ENGLAND DR

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MKTING & PRODUCT DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71234

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KEN BODMER

Mailing Address P.O. BOX 381947

City

GERMANTOWN

State

TN

Zip Code

38183

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

SVP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71326

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

292.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.Full Name (Last, First, Middle Initial)
MR MICHAEL BOGDA

Mailing Address 80 LEONA CT

City	State	Zip Code
LEVITTOWN	NY	11756

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71421

Amount of Each Receipt this Period

25.00

B.Full Name (Last, First, Middle Initial)
MRS HEATHER BONOME

Mailing Address 203 12TH STREET NE

City	State	Zip Code
WASHINGTON	DC	20002

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71177

Amount of Each Receipt this Period

25.00

C.Full Name (Last, First, Middle Initial)
MR JOSEPH BOTTA

Mailing Address 109 ARBOR PL

City	State	Zip Code
BRYN MAWR	PA	19010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71067

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70979

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

RUSS BOURNE

Mailing Address 242 N HIGHLAND

City

MEMPHIS

State

TN

Zip Code

38111

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP BUS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71600

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS SALLIE BOWDEN

Mailing Address 5259 FISHERCREST LN

City

RICHMOND

State

VA

Zip Code

23231

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FORMULARY CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71370

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

KAREN BOWE

Mailing Address 1413 LIMERICK COURT

City

HUMMELSTOWN

State

PA

Zip Code

17036

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR NATL CUST RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71561

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS HEIDI BOWMAN

Mailing Address 15 DAWN LANE

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR STRAT PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71415

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR KEITH BRADBURY

Mailing Address 122 DERFUSS LN

City

BLAUVELT

State

NY

Zip Code

10913

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR DRUG INFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71040

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS PATRICIA BRANUM

Mailing Address 210 FROG HOLLOW ROAD

City

COATESVILLE

State

PA

Zip Code

19320

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO & PROCESS ENGINEERING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1710.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71353

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN BRENNAN

Mailing Address 2 CARMEN LANE

City

FLEMINGTON

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71465

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS LINDA BRIDGE

Mailing Address 136 BEECH ST

City

BELLEVILLE

State

NJ

Zip Code

07109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT/MEMBER COMM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71153

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PAUL BRISSON

Mailing Address 469 MANOR LANE

City

PELHAM MANOR

State

NY

Zip Code

10803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71144

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD BROOKLER

Mailing Address 9 ROMARY COURT

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71033

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR KENNETH BROWN

Mailing Address 540 GIORDANO DRIVE

City

YORKTOWN HEIGHTS

State

NY

Zip Code

10598

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71064

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

STEVEN BROWN

Mailing Address 140 S GROVE PARK

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71582

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

AMANDA BUNDY

Mailing Address 5812 SEVEN POINTS TRACE

City

HERMITAGE

State

TN

Zip Code

37076

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71575

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

BRIAN BURFORD

Mailing Address 603 CHARLESWOOD DR

City

MARION

State

AR

Zip Code

72364

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR TRC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71574

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KEVIN BURON

Mailing Address 25 TIMBERLAND

City

ALISO VIEJO

State

CA

Zip Code

92656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71207

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS DOREEN CALDER

Mailing Address 441 S ELM STREET

City

MAYWOOD

State

NJ

Zip Code

07607

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70976

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MR GABRIEL CAPPUCCI

Mailing Address 119 WASHINGTON AVENUE

City

CHATHAM

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71305

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

282.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RAYMOND CARLUCCI

Mailing Address 24 SHERI DRIVE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GROUP VP MARKET STRATEGY & DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1155.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71321

Amount of Each Receipt this Period

52.50

B.

Full Name (Last, First, Middle Initial)

JOSEPH CASACCIA JR

Mailing Address 9788 LIPSEY CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PROFESSIONAL PRACTICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71279

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS MARY CASALE

Mailing Address 822 CEDAR AVE

City

HADDENFIELD

State

NJ

Zip Code

08033

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES STRATEGY & MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71213

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

102.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KAREN CATHCART RUSSELL

Mailing Address 148 CLUBHOUSE DR

City

WEST COLUMBIA

State

SC

Zip Code

29172

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71016

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71219

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

HWEI-CHUNG CHOU

Mailing Address 36 TANGLEWOOD HOLLOW

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71532

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71189

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS SUSAN COLUCCI

Mailing Address 703 SUCCASUNNA RD.

City

LANDING

State

NJ

Zip Code

07850

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HLTH MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71492

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM CONSIDINE

Mailing Address 130 WEST 67TH STREET, #4J

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71453

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT COOK

Mailing Address 270 S FRANKLIN TURNPIKE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HLTH CARE OPS-TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71051

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JEFFREY COOLE

Mailing Address 155 ASTON HALL DRIVE

City

EADS

State

TN

Zip Code

38028

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP TAX AND REGULATORY REPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71573

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

ANTONIO CORREIA

Mailing Address 19 WILLIAMS LANE

City

CHAPPAQUA

State

NY

Zip Code

10514

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71508

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS BARBARA COSGRIFF

Mailing Address 2045 MAYFAIR MCLEAN COURT

City

FALLS CHURCH

State

VA

Zip Code

22043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PUBLIC POL&EXTRNL AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71549

Amount of Each Receipt this Period

195.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN COURTMAN

Mailing Address 25 FAIRWAY TRAIL

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY NETWORK MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71176

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR HART COVEN

Mailing Address 28 OAK LANE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71290

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

437.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT CRAIG

Mailing Address 7979 E SANTA CATALINA DR

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71158

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

MR PETER CSUTOROS

Mailing Address 16 PLEASANT AVENUE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71444

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ANGELO CUOZZO

Mailing Address 19 IDA COURT

City

STATEN ISLAND

State

NY

Zip Code

10312

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71225

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 187 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

JANET DAGLEY

Mailing Address 721 BROWNLEE DRIVE

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71601

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN DALY

Mailing Address 46 BLUEBELL CT

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71337

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS ROSELIN DANIEL

Mailing Address 17 DEVONSHIRE DRIVE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71299

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71274

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MARY DASCHNER

Mailing Address 2926 EWING AVE S

City

MINNEAPOLIS

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP PRES RETIREE SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71140

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR ANDREW DAVIS

Mailing Address 5616 BROOK DRIVE

City

EDINA

State

MN

Zip Code

55439

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MEDICARE CLIENT & SALES SUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71155

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARRY DAVIS

Mailing Address 11 WEISS DR

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1246.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71364

Amount of Each Receipt this Period

192.00

B.

Full Name (Last, First, Middle Initial)

WARREN DAVIS

Mailing Address 3131 SADDLEGAIT COVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR BUS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71599

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DANIEL DAVISON

Mailing Address 908 STERLING DRIVE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71322

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KATHLEEN DEFABIIS

Mailing Address 104 HUDSON AVE

City

WALDWICK

State

NJ

Zip Code

07463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71400

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR LUCA DEFLORENTIIS

Mailing Address W62 N1032 FAIRHAVEN CT

City

CEDARBURG

State

WI

Zip Code

53012

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71245

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PAUL DELLO RUSSO

Mailing Address 80 HILLSIDE AVENUE

City

GLEN RIDGE

State

NJ

Zip Code

07028

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71203

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 191 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS TONI DEMANSS

Mailing Address 32 RED BARN LANE

City State Zip Code
WEST MILFORD NJ 07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71464

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MS ANN-MARGARET DEMARCO

Mailing Address 1 RUGBY ROAD

City State Zip Code
CEDAR GROVE NJ 07009

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71052

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MS MAUREEN DEMPSEY

Mailing Address 17 RICHWOOD PLACE

City State Zip Code
DENVERVILLE NJ 07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR MEDICARE COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71485

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES DENBY

Mailing Address 78 SHERWOOD ST

City

CLIFTON

State

NJ

Zip Code

07013

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71156

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN DERRICO

Mailing Address 195 HACKENSACK AVENUE

City

HARRINGTON PARK

State

NJ

Zip Code

07640

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71429

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS LAURA DEVEAU

Mailing Address 2289 BEDFORD ST APT D2

City

STAMFORD

State

CT

Zip Code

06905

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71235

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS KAREN DEZEARN

Mailing Address 4740 BRINKLEY LANE NE

City

ATLANTA

State

GA

Zip Code

30342

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71018

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ANDREW DOEDYNS

Mailing Address 117 CREST DRIVE

City

BEAVER

State

PA

Zip Code

15009

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR REGIONAL OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71559

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT DOLAN

Mailing Address 9 CRANE AVENUE

City

WEST CALDWELL

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71302

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JUDITH DONNELLY

Mailing Address 3 IRONWORKS ROAD

City

MONROE

State

NY

Zip Code

10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71397

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MERIDITH DORNER

Mailing Address 8010 ORCHARD VIEW LANE

City

FOGELSVILLE

State

PA

Zip Code

18051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71041

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MICHEL DUFRESNE

Mailing Address 58 INDEPENDENCE WAY

City

MORRIS TWP

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ENTERPRISE BUS INTELLIGENCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71442

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DANA DUNCAN

Mailing Address 125 COMSTOCK TRAIL

City

EAST HAMPTON

State

CT

Zip Code

06424

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71224

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR PETER DUNLEAVY

Mailing Address 2 DECKER TERRACE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71072

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN DUNLEAVY

Mailing Address 14026 KNOX STREET

City

OVERLAND PARK

State

KS

Zip Code

66221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71105

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK DUNN

Mailing Address 2 OLD MILL ROAD

City

SANDY HOOK

State

CT

Zip Code

06482

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71076

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MR PETER DURAN

Mailing Address 875 HARRISTOWN RD

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71057

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

DR SUMIT DUTTA

Mailing Address 534 HUDSON STREET
#3 C

City

NEW YORK

State

NY

Zip Code

10014

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2269.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71216

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

252.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

REBECCA DYER

Mailing Address 1400 POPLAR ESTATES PKY

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR RN PERF MGMT & IMPROVEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.71581

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL EDWARDS

Mailing Address 109 KAREN PLACE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.71063

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR EDWARD EISENBERG, MD

Mailing Address 128 SUMMIT AVENUE

City

UPPER MONTCLAIR

State

NJ

Zip Code

07043

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MEDICARE CHIEF MEDICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.71469

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR FREDERICK ELSTON

Mailing Address 106 GRAHAM TERRACE

City

SADDLE BROOK

State

NJ

Zip Code

07663

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71287

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BRAD EPSTEIN

Mailing Address 359 LONG HILL ROAD EAST

City

BRIARCLIFF MANOR

State

NY

Zip Code

10510

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71472

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR ROBERT EPSTEIN

Mailing Address 75 TWEED BLVD

City

UPPER GRANDVIEW

State

NY

Zip Code

10960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CMO SVP MEDICAL&ANLYTC AFFRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70968

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR SCOTT ERHARDT

Mailing Address 11540 39TH AVE N

City

PLYMOUTH

State

MN

Zip Code

55441

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71161

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR YAKOV ESTERLIS

Mailing Address 100 WINSTON DRIVE
17 C NORTH

City

CLIFFSIDE PARK

State

NJ

Zip Code

07010

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71402

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEVEN FANDETTI

Mailing Address 15804 SORAWATER DR.

City

LITHIA

State

FL

Zip Code

33547

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71085

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RICHARD FARIS

Mailing Address 2020 HEATHER COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP HEALTH OUTCOME SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71597

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

SUSAN FAUST

Mailing Address 6614 HERONSWOOD COVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP CLIENT SLS AND MGD CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71566

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR RICHARD FEIFER

Mailing Address 32 EILEEN DR

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CARE ENHANCING SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71145

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS FEITEL

Mailing Address 58 APPLE HILL DR

City

GILLETTE

State

NJ

Zip Code

07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP CORP MKTG & E-COMM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4229.06

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71208

Amount of Each Receipt this Period

192.23

B.

Full Name (Last, First, Middle Initial)

MR STUART FELDMAN

Mailing Address 109 MEADOWBROOK ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70965

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS DAWN FELDNER

Mailing Address 275 BIRCH STREET

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71372

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.23

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS FERRAZZANO

Mailing Address 464 SPRING AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71323

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

RONALD FIELMANN

Mailing Address 2061 ARLEEN CT

City

SCHAUMBURG

State

IL

Zip Code

60194

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71567

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DON FISCHER

Mailing Address 10 TRACY CIRCLE

City

CAMPBELL HALL

State

NY

Zip Code

10916

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71073

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR EDWARD FISCHER

Mailing Address 465 OLD STONE RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROD INTEGRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71134

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MEGHAN FITZGERALD

Mailing Address 6 MORGAN AVE

City

NORWALK

State

CT

Zip Code

06851

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71529

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MR ANTHONY FLOWERS

Mailing Address 1933 MT. OLIVE
AGOSTA ROAD

City

NEW BLOOMINGTON

State

OH

Zip Code

43341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71262

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

CHAD FOREMAN

Mailing Address 9544 DOGWOOD ESTATES

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR FINANCE II

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71603

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

HOLLEY FORTH

Mailing Address 115 BAYSIDE COURT

City

RICHMOND

State

CA

Zip Code

94804

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71594

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

KEVIN FRANCO

Mailing Address 648 RIVERSIDE DR
#222

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71338

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 205 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71278

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ANDREW FRIEDEL

Mailing Address 1434 NARRAGANSETT BLVD

City

CRANSTON

State

RI

Zip Code

02905

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR GOV AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71096

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

FELIX FRUEH

Mailing Address 14401 FALLING LEAF DRIVE

City

DARNESTOWN

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP RESEARCH & DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71530

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
ROBERT FURTH

Mailing Address 1450 PORTLAND AVENUE

City State Zip Code
ST PAUL MN 55104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71578

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR JOSEPH GALARDI

Mailing Address 24 MOREHOUSE PL

City State Zip Code
NEW PROVIDENCE NJ 07974

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP & COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70964

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MS PAMELA GALASSINI

Mailing Address 720 N. LARRABEE
APT 1701

City State Zip Code
CHICAGO IL 60654

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71414

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS PATRICIA GALLAGHER

Mailing Address 842 ASHLER CT

City

COLUMBUS

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71373

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BARNEY GALLASSIO

Mailing Address 69 LAKEVIEW DR

City

OLD TAPPAN

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71255

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MICHAEL GALVIN

Mailing Address 25 BALLYMEADE ROAD

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP/CHIEF INFRASTRUCTURE OFFER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71448

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR OMHARAISRIRAM GANGAIKONDAN-IYER

Mailing Address 9 CAIRNES ROAD

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71457

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR PETER GAYLORD

Mailing Address 1201 BRIDGE STREET

City State Zip Code
ASBURY PARK NJ 07712

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP TREASURY & FINANCIAL EVALS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70963

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)
MR FRANK GENTILELLA

Mailing Address 20 BROOKSHIRE DR

City State Zip Code
ROBBINSVILLE NJ 08691

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71111

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MATTHEW GIBBS

Mailing Address 27 N. WACKER DR.
SUITE 246

City	State	Zip Code
CHICAGO	IL	60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
CHIEF CLINICAL OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71517

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City	State	Zip Code
GALLOWAY	OH	43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71038

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR THOMAS GILSON

Mailing Address 2 PELL FARM ROAD

City	State	Zip Code
SADDLE RIVER	NJ	07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71406

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

279.81

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR SCOTT GILYARD

Mailing Address 305 BERGAMOT DRIVE

City

MEDINA

State

MN

Zip Code

55340

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
PRES UHG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70969

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR JONAH GITLITZ

Mailing Address 43 OVERLOOK RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71049

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES GORMAN

Mailing Address 11 WASHBURN RD

City

CANTON

State

CT

Zip Code

06022

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71054

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES GRANT, JR

Mailing Address 1928 BEVERLY LANE

City

BUFFALO GROVE

State

IL

Zip Code

60089

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCIAL INSIGHTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71125

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LAURIE GREENBERG

Mailing Address 27760 WOODLAND GREEN

City

BOERNE

State

TX

Zip Code

78015

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71527

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR EDWARD GRIX

Mailing Address 525 ORANGEBURG RD

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71148

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS GINA GRUHN

Mailing Address 13 WEATHER VANE DRIVE

City

CONVENT STATION

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71196

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MS TRACY GRUNSFELD

Mailing Address 264 HARVEST AVE

City

STATEN ISLAND

State

NY

Zip Code

10310

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CONSUMER DRIVEN MKTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71043

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS CAROLYN GUGLIELMO

Mailing Address 42 VETERANS PARKWAY

City

PEARL RIVER

State

NY

Zip Code

10965

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71340

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RICHARD GUIOR

Mailing Address 50 BELLEVUE AVE

City

SUMMIT

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1980.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70987

Amount of Each Receipt this Period

90.00

B.

Full Name (Last, First, Middle Initial)

MS KAVITHA GULLAPALLI

Mailing Address 67 ATHERTON CT

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71124

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS VALERIE HAERTEL

Mailing Address 7 PARSLOE COURT

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INVESTOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71502

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

165.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK HALLORAN

Mailing Address 19 KINGS RIDGE ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71288

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR GREGORY HANSEN

Mailing Address 1659 ISABELLA PARKWAY

City

CHASKA

State

MN

Zip Code

55318

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP ACCT SVCS & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71413

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER HARLOW

Mailing Address 8 PROSPECT PLACE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71030

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

SHARON HARRIS

Mailing Address 186 N. WHITE STATION RD

City

MEMPHIS

State

TN

Zip Code

38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUPOccupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71569

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MARK HARTMANN

Mailing Address 8980 KNOBLE COURT

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71163

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR PETER HARTY

Mailing Address 19520 YELLOW WING COURT

City

COLORADO SPRINGS

State

CO

Zip Code

80908

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.70966

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DAN HAYES

Mailing Address 4679 AYRON TERRACE

City

PALM HARBOR

State

FL

Zip Code

34685

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71562

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MARK HEGGESTAD

Mailing Address 13210 N. 11TH AVE.

City

PHOENIX

State

AZ

Zip Code

85029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71068

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS HEKKER

Mailing Address 28 WEST THRID STREET #1332

City

SOUTH ORANGE

State

NJ

Zip Code

07079

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71454

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR SCOTT HELMUS

Mailing Address 23 VALLEY RD

City State Zip Code
SUCCASUNNA NJ 07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CLIENT SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71044

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
MR GLENN HERDLING

Mailing Address 646 JAMES LN

City State Zip Code
RIVER VALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CREATIVE DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71180

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR ERIC HESS

Mailing Address 10 CARLTON RD

City State Zip Code
FLANDERS NJ 07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP ENGINEERING & OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1120.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71138

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

160.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANE HILDEBRANDT

Mailing Address 35 CASCADE WAY

City

BUTLER

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71159

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DANIEL HLUDZINSKI

Mailing Address 385 WASHINGTON ST

City

TAPPAN

State

NY

Zip Code

10983

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71395

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEPHEN HOBSON

Mailing Address 16 LUTH TERRACE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71260

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GLENN HOFFMAN

Mailing Address 974 HILLCREST ROAD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FACILITIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71341

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR TIMOTHY HOGAN

Mailing Address 9 HIRLE ST

City

CORNWALL ON HUDSON

State

NY

Zip Code

12520

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71154

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROGER HOLLAND

Mailing Address 41 SAINT RAPHAEL

City

LAGUNA NIGUEL

State

CA

Zip Code

92677

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71251

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT HOLLIS

Mailing Address 88 MILLS STREET

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71143

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ELIZABETH HOLLOWAY

Mailing Address 9222 RANDLE VALLEY DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

ASSISTANT GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71592

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

MR MATTHEW HOLMES

Mailing Address 21979 SHADYBROOK DR

City

NOVI

State

MI

Zip Code

48375

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71214

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEPHEN HOLODAK

Mailing Address 49 S HILLSIDE AVE

City

ELMSFORD

State

NY

Zip Code

10523

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INTERVENTION DELIVERY SYST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1760.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71285

Amount of Each Receipt this Period

80.00

B.

Full Name (Last, First, Middle Initial)

RITA HOLT

Mailing Address 1558 N PISGAH ROAD

City

CORDOVA

State

TN

Zip Code

38016

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71570

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA HORN

Mailing Address 9553 ANDREW DR

City

TWINSBURG

State

OH

Zip Code

44087

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71557

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN HOROWITZ

Mailing Address 4 MELISSA COURT

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71496

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

LYNN HOSTMYER

Mailing Address 6708 N.W. 112TH

City

OKLAHOMA CITY

State

OK

Zip Code

73162

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

GENERAL MGR - MULTI BRANCH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71577

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY HULL

Mailing Address 2616 S 3B'S & K RD

City

GALENA

State

OH

Zip Code

43021

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR HLTH CARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

696.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71265

Amount of Each Receipt this Period

32.00

SUBTOTAL of Receipts This Page (optional)

107.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS KIMBERLY HUMPHRIES

Mailing Address 3726 ST PHILIP

City

BARTLETT

State

TN

Zip Code

38133

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP BUSINESS PLANNING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71593

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID ISRAEL

Mailing Address 730 COLUMBUS AVENUE

City

NEW YORK

State

NY

Zip Code

10025

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70971

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS SUSAN ITO

Mailing Address 6366 SW 90TH STREET

City

GAINESVILLE

State

FL

Zip Code

32608

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70982

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS MARIANNE JACKS

Mailing Address 329 MORRIS AVENUE

City State Zip Code
MOUNTAIN LAKES NJ 07046

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71021

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MS MICHELLE JAEGER

Mailing Address 302 HERMAN TERRACE

City State Zip Code
HOPKINS MN 55343

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71459

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR JASON JAMES

Mailing Address RR 2 BOX 2036

City State Zip Code
CANADENSIS PA 18325

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHYSICIAN ENGAGEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

755.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70975

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

110.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR TODD JEFFREY

Mailing Address 15 ELIZABETH STREET

City

DUMONT

State

NJ

Zip Code

07628

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PHARM CONTRACT & CONSULTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71398

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

ROBERT JINKS

Mailing Address 22 PAGE AVE

City

LYNDHURST

State

NJ

Zip Code

07071

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71034

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM JOEL

Mailing Address 32 VENTOSA DR

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71199

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS REGINA JONES

Mailing Address POST OFFICE BOX 752345

City

LAS VEGAS

State

NV

Zip Code

89136

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP CUST SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71137

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71343

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS KATHRYN JONSRUD

Mailing Address 16357 VICTORIA CURVE SE

City

PRIOR LAKE

State

MN

Zip Code

55372

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT & MKT PROG STRAT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71190

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN KARATY

Mailing Address 19 PARK AVE

City

POMPTON PLAINS

State

NJ

Zip Code

07444

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP OPS PLANNING

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70994

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS BECKY KAUS

Mailing Address N81 W18359 TOURS DR

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71171

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM KEELER

Mailing Address 63 MOUNTAIN GLEN ROAD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71420

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS DEEPTI KEHOE

Mailing Address 995 PINES TERR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71081

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM KELLEY, III

Mailing Address 1970 WOODLANDS PL

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71256

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR KEVIN KELLY

Mailing Address 251 POPLAR AVE

City

HACKENSACK

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71019

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR PETER KENNY

Mailing Address 6040 BOULEVARD E APT 28G

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71374

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS LISA KETNER

Mailing Address 7 POINT VIEW

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP MEMBER STRATEGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71241

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS INNA KHANIN

Mailing Address 3403 SPRINGBROOK DRIVE

City

EDISON

State

NJ

Zip Code

08820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71451

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS DONNA KLEIN

Mailing Address 1080 FOREST CLIFF DRIVE

City

LAKEWOOD

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71555

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS KARIN KLEINEGGER

Mailing Address 121 CONKLING TOWN ROAD

City

CHESTER

State

NY

Zip Code

10918

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71385

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

KENNETH KLEPPER

Mailing Address 295 GLEN PLACE

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRES & CHIEF OPERATING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71433

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RICHARD KLUSOVSKY

Mailing Address 1016 FAIRWOOD LANE

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP MANAGED CARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71583

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BRADFORD KOGEN

Mailing Address 555 FORBUSH STREET

City

BOONTON

State

NJ

Zip Code

07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLIENT RETAIL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71377

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS KATHLEEN KORDUCKI

Mailing Address 920 CLARK STREET

City

BOWLING GREEN

State

OH

Zip Code

43402

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71050

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JOANN KRENITSKY

Mailing Address 143 DEERFIELD TERRACE

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR PRODUCT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71090

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ALEXANDER KRYNICKI

Mailing Address 60 BEECH ROAD

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70996

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS BARBARA KRZAK

Mailing Address 495 ISLAND WAY

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71296

Amount of Each Receipt this Period

55.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL KRZAN

Mailing Address 2735 YORK RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP PHARMACIES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71358

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR DEEPAK KUMAR

Mailing Address 50 MANCHESTER CT

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71236

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MATTHEW KUPFERBERG

Mailing Address 3235 CAMBRIDGE AVENUE,
APT 2J

City

BRONX

State

NY

Zip Code

10463

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71512

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK LANDY

Mailing Address 18 LADIK PL

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SVC DELIVERY SYSTEM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71291

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

JAMES LANGLEY

Mailing Address 10921 MAIN RANGE TRAIL

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP REIMBURSEMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71585

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR EDWARD LAPUSHCHIK

Mailing Address 2 OLD LANE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71446

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 335

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CYNTHIA LAUBACHER

Mailing Address 1100 KIMBERLY COURT

City

ROSEVILLE

State

CA

Zip Code

95661

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71243

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

JOSEPH LENZ

Mailing Address 1735 LINKENHOLT COVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PERFORMANCE STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71473

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

EMMA LEVIN

Mailing Address 18 SALEM RD

City

EAST BRUNSWICK

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71501

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ROBERT LONG

Mailing Address 18 HARLIND TERRACE

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71231

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71194

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71103

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

92.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS VERONA MACMAHON

Mailing Address 1504 WEST CULLOM AVE
UNIT G

City State Zip Code
CHICAGO IL 60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71399

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR KENNETH MALLEY

Mailing Address 764 W. SADDLE RIVER ROAD

City State Zip Code
HO HO KUS NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PRODUCT & CHANNEL MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71139

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR MICHAEL MANDAGLIO

Mailing Address 33 HICKORY TAVERN RD

City State Zip Code
GILLETTE NJ 07933

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70984

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS ILENE MARCUS

Mailing Address 97 BLUEBERRY DR

City

WOODCLIFF LAKE DR

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71307

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH MARINELLI

Mailing Address 351 SOUND BEACH AVENUE

City

OLD GREENWICH

State

CT

Zip Code

06870

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71086

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

LORI MARINO

Mailing Address 31 UNDERWOOD DRIVE

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71516

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS TAMARA MARSHALL

Mailing Address W144 N7150 TERRACE DRIVE

City

MENOMONEE FALLS

State

WI

Zip Code

53051

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71167

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH MARSIGLIANO

Mailing Address 11 ECHO HILL ROAD

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71518

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

SHELLY MARTIN

Mailing Address 9536 DOE MEADOW DR

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71596

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

THOMAS MARTIN

Mailing Address 1882 E LAUREL HOLLOW

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

PRESIDENT - CCS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2275.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71586

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MR TODD MARTIN

Mailing Address 11825 SHEPPARDS CROSSING

City

CLARKSVILLE

State

MD

Zip Code

21029

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71119

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR EDWARD MARTINEZ

Mailing Address 35 SALTER PLACE

City

MAPLEWOOD

State

NJ

Zip Code

07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71455

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

367.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY MAY

Mailing Address 137 WASHINGTON AVE

City

HILLSDALE

State

NJ

Zip Code

07642

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP DRUG DISTRIB & CONTROL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71345

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MR SHAMUS MC GUIRE

Mailing Address 11 JARDINE COURT

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP SALES AND MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71146

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

THOMAS MCCANN

Mailing Address 9600 DOVE SPRING CV

City

GERMANTOWN

State

TN

Zip Code

38139

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71598

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS MCDONALD

Mailing Address 0-45 27TH ST

City

FAIR LAWN

State

NJ

Zip Code

07410

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71286

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS ANNE MCGURRIN

Mailing Address 28 ROSEMILT PLACE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR MARKET SEGMENT SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71520

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS COLLEEN MCINTOSH

Mailing Address 87 ROSELAWN RD

City

HIGHLAND MILLS

State

NY

Zip Code

10930

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71242

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 243 / 335

(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN MCNAMARA

Mailing Address 112 GREEN TERRACE WAY

City

WEST MILFORD

State

NJ

Zip Code

07480

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP BUSINESS OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71392

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MS LAURA MENVILLE

Mailing Address 23 UNION HILL RD

City

MORRIS PLAINS

State

NJ

Zip Code

07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71422

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS BARBARA MENZEL

Mailing Address 921 AMARYLLIS AVE

City

ORADELL

State

NJ

Zip Code

07649

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUS PLANNING & ADMIN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71042

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

DANETTE MEREDITH

Mailing Address 600 W 2ND AVE

City

DERRY

State

PA

Zip Code

15627

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
AVP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71560

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

DAVID MILLER

Mailing Address 7 CLOVER LANE

City

RANDOLPH

State

NJ

Zip Code

07869

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70993

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS KAREN MILLER

Mailing Address 34 MACKENZIE LANE NORTH

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR INTERNAL AUDIT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70983

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GIOVANNI MINARDI

Mailing Address 12 LINCOLN ROAD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71408

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BHUPESH MISTRY

Mailing Address 106 HAMBURG ROAD

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71003

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS JULIANA MOLEK

Mailing Address 8620 LAKE RILEY DRIVE

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR SPECIAL MARKETS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71127

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
ROBERT MOLONEY

Mailing Address 24 ABBINGTON TERRACE

City State Zip Code
GLEN ROCK NJ 07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71489

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR PETER MONKHOUSE

Mailing Address 1320 BRONCO CIR

City State Zip Code
WARRINGTON PA 18976

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71135

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR THOMAS MORIARTY

Mailing Address 86 WELLINGTON AVENUE

City State Zip Code
SHORT HILLS NJ 07078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENL C-SEC-SVP PHARM STRAT SOL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4224.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70972

Amount of Each Receipt this Period

192.00

SUBTOTAL of Receipts This Page (optional)

242.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS THERESA MORMILE

Mailing Address 59 VALLEY VIEW TER

City

MONTVALE

State

NJ

Zip Code

07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71346

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT MULLER

Mailing Address 69 FERN PLACE

City

PARAMUS

State

NJ

Zip Code

07652

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH BUS CLIENT ENROLLMNT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71360

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS BECKY NAGLE

Mailing Address 64 WALTER AVE

City

HASBROUCK HEIGHTS

State

NJ

Zip Code

07604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71048

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ANDREW NANICK

Mailing Address 220 LAUREL BAY DRIVE

City

MURRELLS INLET

State

SC

Zip Code

29576

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71053

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JANARDHAN NARAYANAN

Mailing Address 32 BLACKSTONE DRIVE

City

PRINCETON

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

634.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71528

Amount of Each Receipt this Period

39.00

C.

Full Name (Last, First, Middle Initial)

MS BARBARA NEAVERTH

Mailing Address PO BOX 523

City

SUGAR LOAF

State

NY

Zip Code

10981

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71027

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

89.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL NICODEMO

Mailing Address 407 MEER AVE

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INFO TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71391

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS ARLENE NOLAN

Mailing Address 319 BOGERT AVENUE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71088

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR HAIK NOVSHADIAN

Mailing Address 45 DAVIS ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71170

Amount of Each Receipt this Period

38.00

SUBTOTAL of Receipts This Page (optional)

138.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JANINE NOWATZKY

Mailing Address 24 CHEROKEE TRAIL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKET STRATEGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71230

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ROBERT O'CONNELL

Mailing Address 12001 PEONY CT

City

TAMPA

State

FL

Zip Code

33635

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR SECURITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71083

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR CHARLES OESTREICHER

Mailing Address 6 PARK DR SOUTH

City

RYE

State

NY

Zip Code

10580

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71375

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR SUNNY OGBONDA

Mailing Address 79 LAUREL WOOD COURT

City

ROCKAWAY TOWNSHIP

State

NJ

Zip Code

07866

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71006

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MELVIN OHL

Mailing Address 274 E FRANKLIN TPKE

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71317

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS SUE OLIVER

Mailing Address 11 LEE DRIVE

City

NORTH HALEDON

State

NJ

Zip Code

07508

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71327

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CLAUDINE OLSEN

Mailing Address 4 HIGHGATE CT

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71368

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ALEXANDER ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71478

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS NATALYA ONIK

Mailing Address 1 SCHINDLER CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71202

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS LUDIVINA PACAMARRA

Mailing Address 4 TEAK COURT

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71304

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS DAWN PAGANO

Mailing Address 185 PASCACK ROAD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71303

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR RICHARD PAGANO

Mailing Address 185 PASCACK RD

City

PARK RIDGE

State

NJ

Zip Code

07656

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71297

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS MICHELE PAIGE

Mailing Address 12 MILLBROOK COURT

City

LIVINGSTON

State

NJ

Zip Code

07039

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP RETIREE SOLUTIONS MKTG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1195.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71192

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS GIRA PATEL

Mailing Address 5 FOXHILL RUN

City

MONMOUTH JUNCTION

State

NJ

Zip Code

08852

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71186

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR JAY PATEL

Mailing Address 14 BROWNSTONE TERRACE

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71463

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71259

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71060

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT PELLEGRINI

Mailing Address 211 WILTSIE COURT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP INFO TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71150

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

80.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MERRI PENDERGRASS, MD

Mailing Address 3201 QUEENSBURY WAY WEST

City State Zip Code
COLLEYVILLE TX 76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71539

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
JIMMY PERREN

Mailing Address 1250 BRAY PARK DR EAST

City State Zip Code
COLLIERVILLE TN 38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
VP REGULATORY COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71564

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)
MR MICHAEL PETEROY

Mailing Address 4769 STAVANGER LANE

City State Zip Code
LAS VEGAS NV 89147

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71281

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR NATHAN PETERSON

Mailing Address 1520 PEMBROKE PASS

City

CHANHASSEN

State

MN

Zip Code

55317

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71162

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS PETTYES

Mailing Address 8522 UPLAND LN NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
GENERAL MGR GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71113

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MARTINE PFLIEGER

Mailing Address 44 HENRY TERRACE

City

LINCOLN PARK

State

NJ

Zip Code

07035

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71509

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR LOUIS PICONE

Mailing Address 37 TAMARACK DRIVE

City

SUCCASUNNA

State

NJ

Zip Code

07876

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71424

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS PIERCE

Mailing Address 10297 E. LAKE DR.

City

ENGLEWOOD

State

CO

Zip Code

80111

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP LABOR RELATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71500

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR PAGE PIGG

Mailing Address 9297 ANGLER TRL

City

MECHANICSVILLE

State

VA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71160

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JUDITH PLATKIN

Mailing Address 29 BLACKWELL AVE

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70986

Amount of Each Receipt this Period

192.30

B.

Full Name (Last, First, Middle Initial)

MS JANET PORAT

Mailing Address 5 CRABAPPLE CT

City

MONSEY

State

NY

Zip Code

10952

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71116

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS LYDIA POTTER

Mailing Address 19642 S.W. 88 LOOP

City

DUNNELLON

State

FL

Zip Code

34432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71376

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR NEIL PREZIOSO

Mailing Address 10258 WINDSOR WAY

City

POWELL

State

OH

Zip Code

43065

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP HLTH CARE OPS/FORMULARY/CDP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71268

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS KARIN PRINCIVALLE

Mailing Address 875 ALEXANDRIA CT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71215

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

MR ROBERT PRITCHET

Mailing Address 135 HOLLYBERRY DRIVE

City

HOPEWELL JUNCTION

State

NY

Zip Code

12533

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71334

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MARK PROULX

Mailing Address 20 BRANDY RIDGE ROAD

City

SPARTA

State

NJ

Zip Code

07871

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP PHARMACY & CUST SVC OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71416

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

SYED QUADRI

Mailing Address 6040 KENNEDY BLVD EAST
APT 30N

City

WEST NEW YORK

State

NJ

Zip Code

07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PRIVACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71407

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71441

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS FRANCES RAO

Mailing Address 19 ROSS ROAD

City

SCARSDALE

State

NY

Zip Code

10583

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR REGULATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71022

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS DOLORES RAPUANO

Mailing Address 57660 BEAVER VALLEY RD

City

QUAKER CITY

State

OH

Zip Code

43773

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ELIGIBILITY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71382

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS MONICA REED

Mailing Address 8475 DUNHAM STATION DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71209

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS REINCKENS

Mailing Address 204 TOKENEKE RD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BIAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71132

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR VICTOR RENNA

Mailing Address 8 CARLA ANN CT

City

FLANDERS

State

NJ

Zip Code

07836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PROCUREMENT & INVENTORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71379

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JOSEPH REYNOLDS

Mailing Address 412 RIVER MEWS LANE

City

EDGEWATER

State

NJ

Zip Code

07020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71438

Amount of Each Receipt this Period

70.00

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

SUZANNE RICHARDS

Mailing Address 21357 W 115TH TER

City

OLATHE

State

KS

Zip Code

66061

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

NATL ACCT MGR PHARM MANUFACT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71565

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID ROBARGE

Mailing Address 4565 QUEENSLAND LN N

City

MINNEAPOLIS

State

MN

Zip Code

55446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71065

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS TRACEY RODGERS-LENGE

Mailing Address 19 FARMINGTON COURT

City

RAMSEY

State

NJ

Zip Code

07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70995

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SORAYA RODRIGUEZ-BALZAC

Mailing Address 22 PAPOOSE TRAIL

City

ANDOVER

State

NJ

Zip Code

07821

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71437

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MICHAEL ROMANZO

Mailing Address 855 CLUB MOSS CT.

City

MARIETTA

State

GA

Zip Code

30068

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

PRESIDENT SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.60

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71130

Amount of Each Receipt this Period

192.30

C.

Full Name (Last, First, Middle Initial)

DAVID ROOT

Mailing Address 212 SPRING BRANCH ROAD

City

WAVERLY

State

VA

Zip Code

23890

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR STATE GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71515

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS DONNA ROSEN

Mailing Address 7 RED OAK LANE

City State Zip Code
KINNELON NJ 07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS-CLINICAL TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71335

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
DR CHRISTINE ROTTAS

Mailing Address 7227 RAMOTH DRIVE

City State Zip Code
JACKSONVILLE FL 32226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71091

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR RICHARD RUBINO

Mailing Address 3 APACHE DRIVE

City State Zip Code
OAKLAND NJ 07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SVP FINANCE & CHIEF FIN OFFCR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4246.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71331

Amount of Each Receipt this Period

193.00

SUBTOTAL of Receipts This Page (optional)

293.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR STEVEN RUSSEK

Mailing Address 21 SKY TOP RIDGE

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP CLINICAL MGMT & SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71152

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS KATHERYN RUSSI

Mailing Address 5965 VILLAGE CIRCLE

City

JOHNSTON

State

IA

Zip Code

50131

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71036

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ANTHONY RUSSO

Mailing Address 66 FINCH RD

City

RINGWOOD

State

NJ

Zip Code

07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PROF PRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71275

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR JESSE RUZICKA

Mailing Address 334 MORRIS AVE

City State Zip Code
BOONTON NJ 07005

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71461

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
MS MARY RYAN

Mailing Address 456 RICHMOND AVENUE

City State Zip Code
MAPLEWOOD NJ 07040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP PHARMACY REGULATORY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1723.48

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71324

Amount of Each Receipt this Period

78.34

C.

Full Name (Last, First, Middle Initial)
MRS CYNTHIA RYDER

Mailing Address 74 CHOCTAW TRAIL

City State Zip Code
RINGWOOD NJ 07456

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR E-COM STRAT & DELIV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71004

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

358.34

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MISS CYNTHIA RYLANDS

Mailing Address 4836 MIDDLE RD

City

ALLISON PARK

State

PA

Zip Code

15101

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71359

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR RYAN SADLER

Mailing Address 85 VANCE ST. #201

City

MEMPHIS

State

TN

Zip Code

38103

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71523

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR MICHAEL SARDONE

Mailing Address 7 AHERN WAY

City

WEST ORANGE

State

NJ

Zip Code

07052

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ENTERPRISE BUS INTELLIG

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71187

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MATTHEW SARDY

Mailing Address 230 FAIRFIELD AVE.

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71070

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS BETH SAVARE

Mailing Address 27 JONES LN

City

BLAIRSTOWN

State

NJ

Zip Code

07825

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARM OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71328

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID SCHLETT

Mailing Address 339 GRAMERCY PL

City

GLEN ROCK

State

NJ

Zip Code

07452

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71330

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR ALLEN SCHWARTZ

Mailing Address 9111 N KARLOV

City

SKOKIE

State

IL

Zip Code

60076

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71061

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

BRUCE SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55347

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71538

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MS CYNTHIA SCOTT

Mailing Address 18650 BEARPATH TRAIL

City

EDEN PRAIRIE

State

MN

Zip Code

55437

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CLINICAL PROG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70990

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY SCOTT

Mailing Address 7330 EVEREST LANE - NORTH

City

MAPLE GROVE

State

MN

Zip Code

55311

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71381

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS MONICA SCOZZARE

Mailing Address 3021 E MILLCREEK ROAD

City

SALT LAKE CITY

State

UT

Zip Code

84109

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70980

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT SENDEWICZ

Mailing Address 1220 CROSSING WAY

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71026

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GEORGE SERPIKOV

Mailing Address 66 PROSPECT AVE

City

WESTWOOD

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP BUSINESS DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71404

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71239

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT SHANNON

Mailing Address 59 DANNER AVE

City

HARRISON

State

NY

Zip Code

10528

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71336

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 274 / 335

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOHN SHEA

Mailing Address 62 FRANKLIN TURNPIKE

City

ALLENDALE

State

NJ

Zip Code

07401

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71002

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

MR FRANK SHEEHY

Mailing Address 119 HAMILTON RD

City

RIDGEWOOD

State

NJ

Zip Code

07450

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2768.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71080

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

MR PETER SHERMAN

Mailing Address 139 GATES AVENUE

City

MONTCLAIR

State

NJ

Zip Code

07042

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

MANAGING COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70973

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

282.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES SHIVAS

Mailing Address 18 PROSPECT AVE

City

NORTH ARLINGTON

State

NJ

Zip Code

07031

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

DIR PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71179

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ELWOOD SIDES III

Mailing Address 150 CLAREMONT AVE

City

LONG BEACH

State

CA

Zip Code

90803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71094

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

JEFFREY SIMEK

Mailing Address 704 SAW PALMETTO COURT

City

PORT ORANGE

State

FL

Zip Code

32128

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71206

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR LEE SIMON

Mailing Address 2390 GREENVIEW ROAD

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GENERAL MGR GROUP

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71387

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR JEFFREY SINKO

Mailing Address 10 CHERRY TREE LANE

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST GENERAL COUNSEL

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71252

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM SIRICO

Mailing Address 564 DALE COURT EAST

City

RIVER VALE

State

NJ

Zip Code

07675

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71025

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

130.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JOHN SISTO

Mailing Address 24 MAYBERRY LANE

City

MECHANICSBURG

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PHARMACY REGULATORY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71316

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID SITVER

Mailing Address 24 YORKSHIRE AVE

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71178

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ANN SMITH

Mailing Address 437 GLENDALE RD

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PUBLIC AFFAIRS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71185

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MR ROBERT SMITH

Mailing Address 40 JOSHUA DR T

City State Zip Code
RAMSEY NJ 07446

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2768.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71356

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR DAVID SNOW, JR

Mailing Address 23 CEDAR GATE ROAD

City State Zip Code
DARIEN CT 06820

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
CHAIRMAN & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71425

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)
MR ALAN SOKALER

Mailing Address 30 MICHELLE WAY

City State Zip Code
PINE BROOK NJ 07058

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71462

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

BARRY SOUTHERN

Mailing Address 3705 MIDDLEBURY WAY

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

MGR PHARMACY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71563

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71270

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

BRENDA STAFFORD

Mailing Address 647 BERKELEY AVENUE

City

ORANGE

State

NJ

Zip Code

07050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71540

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
BRENDA STAFFORD

Mailing Address 647 BERKELEY AVENUE

City State Zip Code
ORANGE NJ 07050

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71541

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
MR RALPH STAIANO

Mailing Address 1 LAMBROS DRIVE

City State Zip Code
MONROE NY 10950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70991

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
PETER STARK

Mailing Address 4840 COLE ROAD

City State Zip Code
MEMPHIS TN 38117

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
GROUP VP MANUF SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71591

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER STATEN

Mailing Address 7 FOREST LAKE DR

City

WEST HARRISON

State

NY

Zip Code

10604

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71332

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

CHANNING STAVE

Mailing Address 77 HIGHVIEW AVE

City

TUCKAHOE

State

NY

Zip Code

10707

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71513

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS JILL STEARNS

Mailing Address 13130 HALSELL DR

City

AUSTIN

State

TX

Zip Code

78732

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71390

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CRAIG STEEL

Mailing Address 122 DEMAREST AVENUE

City

EMERSON

State

NJ

Zip Code

07630

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71120

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS AMY STEINKELLNER

Mailing Address 1740 HIGHLAND DRIVE

City

ELM GROVE

State

WI

Zip Code

53122

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71168

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

DR GLEN STETTIN

Mailing Address 8 MILL GLEN CT

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP/GM ADVANCED CLINICAL SLTNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71409

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GERARD STOCKER, JR

Mailing Address 80 ALGONQUIN TRL

City

OAKLAND

State

NJ

Zip Code

07436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71121

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS JANNA STOUL

Mailing Address 4 APACHE WAY

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71012

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR SCOTT STRATTON

Mailing Address 351 TIMBERLANE DRIVE

City

ORANGE

State

CT

Zip Code

06477

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP PRODUCT DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71470

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS SUZANNE STREDNAK

Mailing Address 157 WATCHUNG DR

City

HAWTHORNE

State

NJ

Zip Code

07506

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71066

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS PATRICIA STRETE

Mailing Address 19275 PAVER BARNES ROAD

City

MARYSVILLE

State

OH

Zip Code

43040

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLINICAL THERAPEUTICS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71056

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MILAYNA SUBAR, MD

Mailing Address 11 RIVERSIDE DRIVE
#8CE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATIONAL PRACTICE LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	9	

Transaction ID: INC.A.71537

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS COLEEN SULLIVAN

Mailing Address 38 BARKMILL TERRACE

City

MONTVILLE

State

NJ

Zip Code

07045

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71388

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MARK SULLIVAN

Mailing Address 16025 PINE VALE PL.

City

MIDLOTHIAN

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

BUSINESS PROCESS SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

930.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70999

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR FREDERICK SUMNER

Mailing Address 808 HOLLYWOOD AVENUE

City

HO-HO-KUS

State

NJ

Zip Code

07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PROJECT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71075

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS IRENE SUTTON

Mailing Address 20 AVENUE @ PORT IMPERIAL
APT 209

City State Zip Code
WEST NEW YORK NJ 07093

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71084

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)
MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City State Zip Code
TAMPA FL 33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71129

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MR NICHOLAS TAYLOR

Mailing Address 4241 CHADBOURNE DRIVE

City State Zip Code
UPPER ARLINGTON OH 43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR CLINICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71417

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BOOBALAN THANGAVELU

Mailing Address 13 BIRCH TERRACE

City

MT ARLINGTON

State

NJ

Zip Code

07856

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71447

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS MELINDA THIEL

Mailing Address 27 GARVEY ROAD

City

WAYNE

State

NJ

Zip Code

07470

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71093

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS MELISSA THOMET

Mailing Address 721 HINMAN AVE
#1E

City

EVANSTON

State

IL

Zip Code

60202

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71007

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS MARY THORSBY

Mailing Address 17326 ELLEN DR

City State Zip Code
LIVONIA MI 48152

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71147

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)
DREW THRAEN

Mailing Address 63 STILES AVE

City State Zip Code
MORRIS PLAINS NJ 07950

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71506

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR WILLIAM TOBIN

Mailing Address 838 COLONIAL RD

City State Zip Code
FRANKLIN LAKES NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP BENEFIT SYSTEMS SUPPORT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71014

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR DAVID TRICE

Mailing Address 150 BRADFORD DR.

City

SCHWENKSVILLE

State

PA

Zip Code

19473

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70967

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS CLAUDIA TUCKER

Mailing Address 713 INDIAN CREEK RD

City

AMHERST

State

VA

Zip Code

24521

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR GOVERNMENT AFFAIRS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2245.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71246

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

MR GARY TULLY

Mailing Address 16 FIELDHEDGE DRIVE

City

HILLSBOROUGH

State

NJ

Zip Code

08844

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR CLIENT SVC DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71396

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

115.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY TYLER

Mailing Address 37 KNOLL TERRACE

City

HAZLET

State

NJ

Zip Code

07730

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

676.94

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71200

Amount of Each Receipt this Period

30.77

B.

Full Name (Last, First, Middle Initial)

MR KEITH URICH

Mailing Address 12495 SOUTH 1745 EAST

City

DRAPER

State

UT

Zip Code

84020

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

REGIONAL VP SALES-SYSTEMED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71172

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS JENNIFER UTTERDYKE

Mailing Address 1881 GREENTREE ROAD

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71100

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

105.77

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS CARA VAN ZILE

Mailing Address 31 LINCOLN RD

City

KINNELON

State

NJ

Zip Code

07405

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

EXEC DIR ANALYTICAL SVCS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71141

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS MICHELLE VANCURA

Mailing Address W328 S4230 SPRING RIDGE

City

WAUKESHA

State

WI

Zip Code

53189

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & GENERAL MGR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2476.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71558

Amount of Each Receipt this Period

192.00

C.

Full Name (Last, First, Middle Initial)

MRS JEANNINE VANKLEECK

Mailing Address 56 ZIMMER AVENUE

City

MIDLAND PARK

State

NJ

Zip Code

07432

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR FINANCIAL APPLICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Transaction ID: INC.A.71035

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

267.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR NICHOLAS VASILOPOULOS

Mailing Address 105 ARRANDALE RD

City

ROCKVILLE CENTRE

State

NY

Zip Code

11570

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71237

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR WIL VELARDE

Mailing Address 443 WEST SADDLE RIVER RD

City

UPPER SADDLE RIVER

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71082

Amount of Each Receipt this Period

30.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY VERNICE

Mailing Address 201 WATCHUNG AVENUE
UNIT #17

City

BLOOMFIELD

State

NJ

Zip Code

07003

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR MEDICAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71078

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR GORDON VICKERS

Mailing Address 436 MOUNTAIN AVENUE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70970

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR MUNISH VUJ

Mailing Address 11 BOULDER TRAIL

City

MAHWAH

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
TECHNICAL SPECIALIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71449

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR STEVEN VREELAND

Mailing Address 19 ANNA STREET

City

DENVILLE

State

NJ

Zip Code

07834

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71484

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS ANNETTE WAGNER

Mailing Address 8 INDIAN RUN ROAD

City

LONG VALLEY

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.71294

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR DANIEL WALDEN

Mailing Address 450 BEECHMONT DR

City

NEW ROCHELLE

State

NY

Zip Code

10804

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP REGULATORY & MC PROGRAMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.71306

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

MS THERESE WALKER

Mailing Address 363 MULBERRY CT

City

WYCKOFF

State

NJ

Zip Code

07481

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR PRODUCT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: INC.A.70988

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

242.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM WALLACE

Mailing Address 5445 GOODWIN AVENUE

City

DALLAS

State

TX

Zip Code

75206

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP SALES SEGMENT LEADER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71452

Amount of Each Receipt this Period

192.31

B.

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71254

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS CATHERINE WASSON

Mailing Address 3912 CALLE ANDALUCIA

City

SAN CLEMENTE

State

CA

Zip Code

92673

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP NATL ACCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71017

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

292.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 296 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)
MS BEVERLY WATSON

Mailing Address 2 MICHELANGELO COURT

City State Zip Code
SOMERSET NJ 08873

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR BENEFIT DELIVERY SYSTEMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71298

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)
STACY WATSON

Mailing Address 10180 HERONS NEST COVE WEST

City State Zip Code
LAKELAND TN 38002

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation
DIR MARKETING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71605

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MRS KELLY WEBBER

Mailing Address 107 UPPER SADDLE RIVER ROAD

City State Zip Code
MONTVALE NJ 07645

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP CORP HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71226

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 297 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MARK WEGRYN

Mailing Address 1717 DYMOKE DRIVE

City

COLLIERVILLE

State

TN

Zip Code

38017

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

AVP QA AND PRODUCT INTEGRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71184

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

LOWELL WEINER

Mailing Address 1 BURGESS COURT

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP CORP COMMUNICATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71511

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR TIMOTHY WENTWORTH

Mailing Address 309 WATERVIEW DR

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

GROUP PRES EMPLOYER GROUP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4230.82

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71110

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

267.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KENNETH WERMES

Mailing Address 26037 N WRANGLER RD

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71212

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR PETER WHITE

Mailing Address 2241 E. PINCHOT AVE.
#17F

City

PHOENIX

State

AZ

Zip Code

85016

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71000

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MRS TAMARA WHITLEY

Mailing Address 5847 CLENDENIN AVE

City

DALLAS

State

TX

Zip Code

75228

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR BUSINESS REQUIREMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.70981

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER WILSON

Mailing Address 2 TIFFANY ROAD

City

MORRISTOWN

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP MKTING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71181

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS COLETTE WILSON

Mailing Address 16608 56TH PL W

City

LYNNWOOD

State

WA

Zip Code

98037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR NATL ACCT EXEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71115

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS BEVERLY WINKLER

Mailing Address 17 LYNNWOOD RD

City

VERONA

State

NJ

Zip Code

07044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
SR DIR ORG DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71329

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL WISNIEWSKI

Mailing Address 23 DRUID HILL DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONTRACT ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71389

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR STEPHEN WOGEN

Mailing Address 145 WAUGHAW ROAD

City

TOWACO

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP FINANCIAL & ANALYTICAL SVC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71123

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS ELISSA WOJTOWICZ, RPH

Mailing Address 43 AZALEA PLACE

City

PISCATAWAY

State

NJ

Zip Code

08854

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR RRA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71015

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

105.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS ANNA WONG

Mailing Address 64-20 BELL BLVD

City

BAYSIDE

State

NY

Zip Code

11364

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP INSURED SOLUTIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71445

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS JUDITH WOOD

Mailing Address 76 COLONIAL ROAD

City

STILLWATER

State

NY

Zip Code

12170

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR ACCT MGMT OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71383

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

BRENDA WRIGHT

Mailing Address 1834 HUNTERS CREEK DRIVE

City

GERMANTOWN

State

TN

Zip Code

38138

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACCREDITO HEALTH GROUP

Occupation

VP QUALITY INTEGRITY HEALTH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71576

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR SERGEY YANITSKIY

Mailing Address 793 LINCOLN AVE

City

POMPTON LAKES

State

NJ

Zip Code

07442

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71074

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS SARAH YINGLING

Mailing Address 901 ST MARKS AVE

City

WESTFIELD

State

NJ

Zip Code

07090

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR MEDICARE OPS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71195

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR DANIEL ZELEM, JR

Mailing Address 219 SPOOK ROCK RD.

City

SUFFERN

State

NY

Zip Code

10901

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SVP & CHIEF INFO OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71284

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MS JILL ZELMAN

Mailing Address 43604 EMERALD DUNES PL

City

LEESBURG

State

VA

Zip Code

20176

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR DIR CONSOLIDATION PLAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71348

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

ANATOLY ZHELEZNYAK

Mailing Address 5 DENISE COURT

City

MANALAPAN

State

NJ

Zip Code

07726

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

TECHNICAL SPECIALIST

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71431

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

ANDREA ZICCARELLI

Mailing Address 6550 HERONWOOD DR

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

SR NATL ACCT EXEC

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: INC.A.71092

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

100.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	9	

Transaction ID: INC.A.71165

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR ANTHONY ZOLFO

Mailing Address 726 HIGH MOUNTAIN ROAD

City

FRANKLIN LAKES

State

NJ

Zip Code

07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
ASST COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	9	

Transaction ID: INC.A.71458

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MS CHRISTINE BIZARRO

Mailing Address 26 DAYLILY DRIVE

City

MOUNT LAUREL

State

NJ

Zip Code

08054

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: INC.A.72154

Amount of Each Receipt this Period

15.00

SUBTOTAL of Receipts This Page (optional)

65.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR BARRY BOUDREAUX

Mailing Address 6527 SHORBURGH DRIVE

City

INDIANAPOLIS

State

IN

Zip Code

46278

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71638

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BARRY CESANEK

Mailing Address 5 LEXINGTON CT

City

SHAMONG

State

NJ

Zip Code

08088

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71879

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR JASON COLE

Mailing Address 14917 E BELLA VISTA

City

VERADALE

State

WA

Zip Code

99037

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71849

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

62.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR KENNETH DANIELS

Mailing Address 4156 DUNMORE DRIVE

City

LAKE WALES

State

FL

Zip Code

33859

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71934

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH FREND0

Mailing Address 9 GREEN HILL TRAIL

City

TROPHY CLUB

State

TX

Zip Code

76262

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP NATIONAL SERVICE CENTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71938

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT GIBBS

Mailing Address 544 DENMOOR COURT

City

GALLOWAY

State

OH

Zip Code

43119

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71697

Amount of Each Receipt this Period

12.50

SUBTOTAL of Receipts This Page (optional)

87.50

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 335

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR RICHARD JONES

Mailing Address 12224 MONTCALM STREET

City

CARMEL

State

IN

Zip Code

46032

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: INC.A.72002

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR BRICE LOVE

Mailing Address 2390 BRANDON RD

City

COLUMBUS

State

OH

Zip Code

43221

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: INC.A.71854

Amount of Each Receipt this Period

12.50

C.

Full Name (Last, First, Middle Initial)

MR ROSS LUCE

Mailing Address 1066 WEST GROVE CT

City

GIBSONIA

State

PA

Zip Code

15044

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONSOccupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	9	

Transaction ID: INC.A.71762

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)

67.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS CATHY PATTEN

Mailing Address 2001 MEADOWS AVENUE

City

LANTANA

State

TX

Zip Code

76226

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71919

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MR PAVLOS PAVLIDIS

Mailing Address 2780 FOLKSTONE ROAD

City

COLUMBUS

State

OH

Zip Code

43220

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71719

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR GILBERT RAINES

Mailing Address 800 SANDY TRAIL

City

KELLER

State

TX

Zip Code

76248

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
DIR HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.72100

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MR THOMAS SHANAHAN, III

Mailing Address 266 BRUSHY CREEK AVE

City

LAS VEGAS

State

NV

Zip Code

89148

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2640.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71899

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

MS JENNIFER SPIDLE

Mailing Address 6108 HUNTER LANE

City

COLLEYVILLE

State

TX

Zip Code

76034

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71930

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR TIMOTHY SWETT

Mailing Address 8362 GOLDEN PRAIRIE DRIVE

City

TAMPA

State

FL

Zip Code

33647

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation
VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71788

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 335

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

MRS JENNIFER UTTERDYKE

Mailing Address 1881 GREENTREE ROAD

City

LEBANON

State

OH

Zip Code

45036

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

DIR PHARM PRACTICE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71759

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR CALVIN WASDYKE

Mailing Address 5 APPLE ORCHARD RD

City

MOORESTOWN

State

NJ

Zip Code

08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71914

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES ZIRPOLI

Mailing Address 6691 DEERVIEW DRIVE

City

LOVELAND

State

OH

Zip Code

45140

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDCO HEALTH SOLUTIONS

Occupation

VP/GM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: INC.A.71825

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

68436.36

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 312 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

RYAN FOR CONGRESS

Mailing Address P.O. BOX 1919

City
JANESVILLE

State
WI

Zip Code
53547

Purpose of Disbursement

011

Category/
Type

Candidate Name
PAUL D. RYAN

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Transaction ID: EXP.B.68958

Date of Disbursement

10 / 01 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

ADLER FOR CONGRESS

Mailing Address 14 KNIGHTSWOOD DRIVE

City
MARLTON

State
NJ

Zip Code
08053

Purpose of Disbursement

011

Category/
Type

Candidate Name
JOHN H. ADLER

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: EXP.B.69600

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

ALLYSON SCHWARTZ FOR CONGRESS

Mailing Address P.O. BOX 2232

City
JENKINTOWN

State
PA

Zip Code
19046

Purpose of Disbursement

011

Category/
Type

Candidate Name
ALLYSON Y. SCHWARTZ

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: EXP.B.69601

Date of Disbursement

10 / 07 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) CITIZENS FOR ALTMIRE	Transaction ID: EXP.B.69619 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>10 / 16 / 2009</div> </div>	
Mailing Address P.O. BOX 1776	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1000.00</div>	
<div>City FREEDOM</div> <div>State PA</div> <div>Zip Code 15042</div>		
Purpose of Disbursement		<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">011</div> Category/ Type
Candidate Name JASON ALTMIRE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: EXP.B.69616 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>10 / 16 / 2009</div> </div>	
Mailing Address P.O. BOX 9336	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1000.00</div>	
<div>City FARGO</div> <div>State ND</div> <div>Zip Code 58106</div>		
Purpose of Disbursement		<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">011</div> Category/ Type
Candidate Name EARL POMEROY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District:		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) GEOFF DAVIS FOR CONGRESS	Transaction ID: EXP.B.69622 Date of Disbursement <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div>10 / 16 / 2009</div> </div>	
Mailing Address 3161 DIXIE HIGHWAY, SUITE F	Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 5px; text-align: center; font-size: 1.2em;">1500.00</div>	
<div>City ERLANGER</div> <div>State KY</div> <div>Zip Code 41018</div>		
Purpose of Disbursement		<div style="border: 1px solid black; padding: 2px 5px; display: inline-block;">011</div> Category/ Type
Candidate Name GEOFFREY C. DAVIS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

3500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 316 / 335

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. BOX 868

City State Zip Code
 LEVITTOWN PA 19058

Purpose of Disbursement

011
 Category/
 Type

Candidate Name
 PATRICK MURPHY

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: EXP.B.69618

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
RUSH HOLT FOR CONGRESS

Mailing Address P.O. BOX 782

City State Zip Code
 PENNINGTON NJ 08534

Purpose of Disbursement

011
 Category/
 Type

Candidate Name
 RUSH D. HOLT

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 12

Transaction ID: EXP.B.69621

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 1500

City State Zip Code
 CHICO CA 95927

Purpose of Disbursement

011
 Category/
 Type

Candidate Name
 WALLY HERGER

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: EXP.B.69617

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

2000.00

1000.00

5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 319 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) MIKE ROGERS FOR CONGRESS	Transaction ID: EXP.B.70271 Date of Disbursement																				
Mailing Address 123 EAST 13TH STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	9												
City ANNISTON State AL Zip Code 36201	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name MICHAEL ROGERS	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND	Transaction ID: EXP.B.70277 Date of Disbursement																				
Mailing Address P.O. BOX 32025	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	2		2	0	0	9												
City PHOENIX State AZ Zip Code 85064	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name LEADERSHIP PAC	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) FRIENDS OF BLANCHE LINCOLN	Transaction ID: EXP.B.70957 Date of Disbursement																				
Mailing Address P.O. BOX 3197	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	8		2	0	0	9												
City LITTLE ROCK State AR Zip Code 72203	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name BLANCH LAMBERT LINCOLN	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)**8500.00****TOTAL** This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 320 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
FRIENDS OF BLANCHE LINCOLN

Mailing Address P.O. BOX 3197

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement

Candidate Name
BLANCH LAMBERT LINCOLN

Office Sought: ☐ House ☒ Senate ☐ President
State: AR District: Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

Transaction ID: EXP.B.70958

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
GEORGIANS FOR ISAKSON

Mailing Address P.O. BOX 150116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement

Candidate Name
JOHN HARDY ISAKSON

Office Sought: ☐ House ☒ Senate ☐ President
State: GA District: Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: EXP.B.70956

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
PRICE FOR CONGRESS

Mailing Address PO BOX 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06 Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼

Transaction ID: EXP.B.70959

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

54500.00

	21b		22		23		24		25		26
	27		28a		28b		28c	x	29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

250.00

500.00

500.00

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 323 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BILL KETRON	Transaction ID: EXP.B.70295 Date of Disbursement																				
Mailing Address 805 SOUTH CHURCH STREET, SUITE 12	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City MURFREESBORO State TN Zip Code 37130	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BO WATSON	Transaction ID: EXP.B.70301 Date of Disbursement																				
Mailing Address 1607 GUNSTON HALL ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City HIXON State TN Zip Code 37343	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT BOB RAMSEY	Transaction ID: EXP.B.70288 Date of Disbursement																				
Mailing Address 2120 MIDDLEWOOD DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City MARYVILLE State TN Zip Code 37803	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td>011</td> </tr> </table> Category/Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 324 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHARLES CURTISS	Transaction ID: EXP.B.70278 Date of Disbursement																				
Mailing Address 120 GENERAL JONES ROAD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City SPARTA State TN Zip Code 38583	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CHARLES MICHAEL SARGENT	Transaction ID: EXP.B.70286 Date of Disbursement																				
Mailing Address 117 ASHTON PARK BLVD.	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City FRANKLIN State TN Zip Code 37067	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT CRAIG FITZHUGH	Transaction ID: EXP.B.70279 Date of Disbursement																				
Mailing Address 135 SOUTH ALPINE STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	3		2	0	0	9												
City RIPLEY State TN Zip Code 38063	Amount of Each Disbursement this Period																				
Purpose of Disbursement	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name NON-FEDERAL CONTRIBUTION	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 325 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DAVID SHEPARD

Mailing Address 204 MCCREARY HEIGHTS

City State Zip Code
DICKSON TN 37055

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70290

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT DOUG OVERBEY

Mailing Address 1105 NORTH HERITAGE DRIVE

City State Zip Code
MARYVILLE TN 37803

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70298

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT ERIC STEWART

Mailing Address 500 DINAH SHORE BOULEVARD

City State Zip Code
WINCHESTER TN 37398

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70299

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 326 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT JACK JOHNSON

Mailing Address 330 FRANKLIN ROAD, SUITE 135-A-178

City BRENTWOOD State TN Zip Code 37027

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70294

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT JOE MCCORD

Mailing Address 4504 MONTVALE ROAD

City MARYVILLE State TN Zip Code 37803

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70284

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT JOEY HENSLEY

Mailing Address 855 SUMMERTOWN HIGHWAY

City HOHENWALD State TN Zip Code 38462

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70283

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 327 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

<p>A.</p> <p>Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MARK NORRIS</p> <p>Mailing Address 853 SOUTH COLLIERVILLE-ARLINGTON R</p> <p>City COLLIERVILLE State TN Zip Code 38017</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name NON-FEDERAL CONTRIBUTION</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: EXP.B.70297</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">1 0 / 2 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT MIKE HARRISON</p> <p>Mailing Address 115 GREEN ACRES DRIVE</p> <p>City ROGERSVILLE State TN Zip Code 37857</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name NON-FEDERAL CONTRIBUTION</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: EXP.B.70281</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">1 0 / 2 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT RANDY MCNALLY</p> <p>Mailing Address 94 ROYAL TROON CIRCLE</p> <p>City OAK RIDGE State TN Zip Code 37830</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name NON-FEDERAL CONTRIBUTION</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TN District:</p>	<p>Transaction ID: EXP.B.70296</p> <p>Date of Disbursement <div style="border: 1px solid black; padding: 2px;"> <div style="display: inline-block; text-align: center;">M M / D D / Y Y Y Y</div> <div style="display: inline-block; text-align: center;">1 0 / 2 3 / 2 0 0 9</div> </div> </p> <p>Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT REGINALD TATE	Transaction ID: EXP.B.70300 Date of Disbursement
Mailing Address P.O. BOX 75212	<div> <div>10</div> <div>23</div> <div>2009</div> </div>
City MEMPHIS State TN Zip Code 38175	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT RICHARD MONTGOMERY	Transaction ID: EXP.B.70289 Date of Disbursement
Mailing Address 1582 BROAD RIVER LANE	<div> <div>10</div> <div>23</div> <div>2009</div> </div>
City SEVIERVILLE State TN Zip Code 37876	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) COMMITTEE TO ELECT RUSTY CROWE	Transaction ID: EXP.B.70292 Date of Disbursement
Mailing Address 808 EAST 8TH AVENUE	<div> <div>10</div> <div>23</div> <div>2009</div> </div>
City JOHNSON CITY State TN Zip Code 37601	Amount of Each Disbursement this Period
Purpose of Disbursement	<div>500.00</div>
Candidate Name NON-FEDERAL CONTRIBUTION	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 329 / 335

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT STEVE MCDANIEL

Mailing Address 97 BATTLEGROUND DRIVE

City State Zip Code
PARKERS CROSSROADS TN 38388

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70285

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

COMMITTEE TO RE-ELECT BRUCE GOFORTH

Mailing Address 137 STONECREST DRIVE

City State Zip Code
ASHEVILLE NC 28803

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.70308

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF JIMMY NAIFEH

Mailing Address P.O. BOX 97

City State Zip Code
COVINGTON TN 38019

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Transaction ID: EXP.B.70287

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

500.00

1000.00

500.00

FEC Schedule B (Form 3X) (Revised 02/2003)

	21b		22		23		24		25		26
	27		28a		28b		28c	x	29		30b

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
SENATOR DAVID HOYLE COMMITTEE

Mailing Address 220 HILLSBOROUGH STREET

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement

011

Category/
TypeCandidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.70305

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
SENATOR TONY RAND COMMITTEE

Mailing Address 2008 LITHO PLACE

City FAYETTEVILLE State NC Zip Code 28304

Purpose of Disbursement

011

Category/
TypeCandidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.70307

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
STAN BINGHAM FOR SENATE

Mailing Address 292 NORTH MAIN STREET

City DENTON State NC Zip Code 27239

Purpose of Disbursement

011

Category/
TypeCandidate Name
NON-FEDERAL CONTRIBUTIONOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District:

Transaction ID: EXP.B.70304

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial)
THE MARC BASNIGHT CAMPAIGN

Mailing Address P.O. BOX 26202

City State Zip Code
RALEIGH NC 27611

Purpose of Disbursement

Candidate Name
NON-FEDERAL CONTRIBUTION

Office Sought: ☐ House
☐ Senate
☐ President

State: TN

District:

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: EXP.B.70303

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

19500.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City State ZIP Code
SACRAMENTO CA 95814

Outstanding Balance Beginning This Period

321.00

Transaction ID: PAY:D:65909

Amount Incurred This Period

0.00

Payment This Period

321.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City State ZIP Code
SACRAMENTO CA 95814

Outstanding Balance Beginning This Period

406.00

Transaction ID: PAY:D:66969

Amount Incurred This Period

0.00

Payment This Period

406.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City State ZIP Code
SACRAMENTO CA 95814

Outstanding Balance Beginning This Period

610.00

Transaction ID: PAY:D:69615

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

610.00

1) **SUBTOTALS** This Period This Page (optional).....

610.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City State ZIP Code
SACRAMENTO CA 95814

Outstanding Balance Beginning This Period

394.00

Transaction ID: PAY:D:69608

Amount Incurred This Period

0.00

Payment This Period

394.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City State ZIP Code
SACRAMENTO CA 95814

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:71621

Amount Incurred This Period

706.10

Payment This Period

0.00

Outstanding Balance at Close of This Period

706.10

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
NIELSEN, MERKSAMER, PARRINELLO, MUELLER, & NAYLOR, LLPNature of Debt (Purpose):
LEGAL & ACCOUNTING SERVICES

Mailing Address 1415 L STREET, STE. 1200

City State ZIP Code
SACRAMENTO CA 95814

Outstanding Balance Beginning This Period

0.00

Transaction ID: PAY:D:71622

Amount Incurred This Period

281.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

281.50

1) **SUBTOTALS** This Period This Page (optional).....

987.60

2) **TOTALS** This Period (last page this line number only).....

1597.60

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

1597.60